



## Supplemental Application Data Sheet

### Application Information

Application number::	10/731,224
Filing Date::	12/09/03
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	1653
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	COMPOSITIONS AND METHODS OF DELIVERY OF PHARMACOLOGICAL AGENTS
Attorney Docket Number::	420042000300
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Neil
Middle Name::	P.
Family Name::	DESAI
City of Residence::	Los Angeles
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	3633 Purdue Avenue

City of mailing address:: Los Angeles  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 90066

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Andrew  
Family Name:: YANG  
City of Residence:: Rosemead  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 4309 Rio Hondo Avenue  
City of mailing address:: Rosemead  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 91770

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Tapas  
Family Name:: DE  
City of Residence:: Los Angeles  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 10927 Palms Boulevard Apt. 2  
City of mailing address:: Los Angeles  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 90034

Applicant Authority Type:: Inventor

Status:: Full Capacity  
Given Name:: Sherry  
Middle Name:: Xiaopei  
Family Name:: CI  
Country of Residence:: US  
State or Province of mailing address:: CA

Applicant Authority Type:: Inventor  
Status:: Full Capacity  
Given Name:: Vuong  
Family Name:: TRIEU  
Country of Residence:: US  
State or Province of mailing address:: CA

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Qiang  
Family Name:: YAO  
Country of Residence:: US  
State or Province of mailing address:: CA

Applicant Authority Type:: Inventor  
Status:: Full Capacity  
Given Name:: Bridget  
Middle Name:: Beals  
Family Name:: GRIM  
Country of Residence:: US  
State or Province of mailing address:: CA

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Patrick  
Family Name:: SOON-SHIONG  
City of Residence:: Los Angeles  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 149 South Barrington Ave., #311  
City of mailing address:: Los Angeles  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 90049

**Correspondence Information**

Correspondence Customer Number:: 25226

**Representative Information**

Representative Customer Number:: 25226

**Domestic Priority Information**

**Foreign Priority Information**

**Assignee Information**

Assignee name:: AMERICAN BIOSCIENCE INC.  
Street of mailing address:: 2730 Wilshire Blvd, Suite 110  
City of mailing address:: Santa Monica  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94043